Suite, Apt. #, etc.       Suite, Apt. #, etc.       DO NOT WRITE IN THIS SP/         City & State       City & State       4. FEI Number 6. Name and Address of Current Registered Agent       5. Certificate of Status Desired       Set 6. Name and Address of Current Registered Agent         RAJO, MARYBELL ESO. 3696 N. FEDERAL HWY, SUITE 201 FT. LAUDERDALE FL 33308       Name       Name       Name         RAJO, MARYBELL ESO. 3696 N. FEDERAL HWY, SUITE 201 FT. LAUDERDALE FL 33308       Street Address (P.O. Box Number is Not Acceptable)       FL         Street Address (P.O. Box Number is Not Acceptable)       City       FL         Street Address (P.O. Box Number is Not Acceptable)       City       FL         9. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.       SIGNATURE         9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (Set criteria on back)       FILE NOW!!! FEE IS \$150.00 Make Check Payable to Department of State       10. Electon Campaign Financing Trust Fund Contribution.         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DI Make Check Payable to Department of State         11.       D       TALAVERA, MARGARITA SURFSIDE FL 33154       Delete       True Make SIRET ADDIESS       City ST: 28         11.       D       Charges RD SCUT WAY       SIRET ADDIESS <td< th=""><th>ACE Applied For Not Applicable 3.75 Additional Required</th></td<>	ACE Applied For Not Applicable 3.75 Additional Required
2. Finite part Face of business       3. Maining Address         Suile, Apt. #, etc.       Suite, Apt. #, etc.         City & State       City & State         Zip       Country         Zip       Country         S. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent         8. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent         7. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent         8. NEEDERAL HWY, SUITE 201       Street Address (P.O. Box Number is Not Acceptable)         FT. LAUDERDALE FL 33308       City         Signature ty submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.         SIGNATURE       Street Address (P.O. Box Number is Not Acceptable)         9. This corporation is eligible to satisfy its Intangible       FILE NOW!!! FEE IS \$150.00         14. OFFICERS AND DIRECTORS       10. Electon Campaign Financing         17. State OFFICERS AND DIRECTORS       11. ADDITIONS/CHANGES TO OFFICERS AND DI         11. OFFICERS AND DIRECTORS       12. ADDITIONS/CHANGES TO OFFICERS AND DI         11. Make Address       Dates         11. Make Address       City Street Address         11. Electon Campaign Financing       Trust Fund Contribution.	ACE Applied For Not Applicable AT5 Additionat e Required ant
City & State       City & State       City & State       4. FEI Number         Zip       Country       Zip       Country       S. Certificate of Status Desired       SE         Zip       Country       Zip       Country       S. Certificate of Status Desired       SE         6. Name and Address of Current Registered Agent       T. Name and Address of New Registered Age       Name         RAJO, MARYBELL ESO.       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         FT. LAUDERDALE FL 33308       City       FL       Street Address (P.O. Box Number is Not Acceptable)         City       FL       City       FL       Street Address (P.O. Box Number is Not Acceptable)         It       Sometime.typed or printed name of registered agent and the if applicable.       (NOTE Registered Agent signature required when reinstaing)       Date         a. This corporation is eligible to satisfy its Intangible       FLE NOW!!! FEE IS \$150.00       10. Election Campaign Financing       Trust Fund Contribution.         Tax filing requirement and elects to do so.       City       Street Address To State       10. Election Campaign Financing       Trust Fund Contribution.         1.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DI       Inte         Make       SIRET ADDRES <td< td=""><td>Applied For Not Applicable 3.75 Additional e Required</td></td<>	Applied For Not Applicable 3.75 Additional e Required
Zip       Country       Zip       Country       S. Certificate of Status Desired       Sector         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       7. Name and Address of New Registered Agent         RAJO, MARYBELL ESO.       3896 N. FEDERAL HWY., SUITE 201       Name       Street Address (P.O. Box Number is Not Acceptable)         FT. LAUDERDALE FL 3308       City       FL         The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.       City       FL         In a bove named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.       Obstate Agent signature required when reinstanting)       DATE         In is corporation is eligible to satisfy its Intangible       FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State       10. Election Campaign Financing Trust Fund Contribution.       Intel Contribution.         It       OFFICERS AND DIRECTORS       12. ADDITIONS/CHANGES TO OFFICERS AND DIR TLAVERA, MARGARITA       Delete       TITLE NAME       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS         Vert State       D       Delete       TITLE       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS       11.         Vert State       D       Delete       TITLE       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS       12	Not Applicable 3.75 Additional e Required ent
Zip       Country       Zip       Country       S. Certificate of Status Desired       Sterificate of Status Desired	3.75 Additional e Required ent
6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Age         RAJO, MARYBELL ESO.       3696 N. FEDERAL HWY., SUITE 201         FT. LAUDERDALE FL 33308       Street Address (P.O. Box Number is Not Acceptable)         City       FL         . The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.         IGNATURE	ent in the second s
RAJO, MARYBELL ESQ.       Street Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)       City         FT. LAUDERDALE FL 33308       City         The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.         GNATURE       Signature, typed or printed nerve of registered agent and title if applicable.         Image: Signature requirement and elects to do so.       (NOTE: Registered Agent signature required when reinstating)         Image: Signature requirement and elects to do so.       After May 1, 2002 Fee will be \$550.00         (See criteria on back)       Make Check Payable to Department of State         Image: Contraction is eligible to satisfy its Intangible       TALAVERA, MARGARITA         OFFICERS AND DIRECTORS       12.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS       12.         Ite       D         Meier ADDRESS       SIRFET ADDRESS         SURFSIDE FL 33154       CITY-ST-ZIP         LE       D       Delete         Mile ADDRESS       SIREET ADDRESS         Y-ST-ZIP       DAMASCUS WD 20872         LE       D       Delete         ITLE       DAMASCUS WD 20872	
3696 N. FEDERAL HWY., SUITE 201         FT. LAUDERDALE FL 33308         City         City         City         FL         . The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.         IGNATURE         . The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.         IGNATURE         . This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)       FILE NOW !!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State       10. Election Campaign Financing Trust Fund Contribution.         ILE       D       CITY STICE       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS         ILE       D       Delete       TITLE         MeE       NAME       STREET ADDRESS       CITY STICE         SURFSIDE FL 33154       CITY STICE       CITY STICE         UE       D       Delete       TITLE         MeE       NAME       STREET ADDRESS         10.239 CROSSCUT WAY       CITY STICE         YI-S1-2IP       DAMASCUS MD 20872       CITY STICE         UE       D       Delete       TITLE         DAMASCUS MD 20872       CITY STICE </td <td></td>	
City       FL         City       FL       FL       City       FL       FL       FL       City       FL       FL       FL       City       FL       FL       FL       FL       FL       FL       FL       FL	Zip Code
A. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.   IGNATURE	
Tax filling requirement and elects to do so. (See criteria on back)       After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State       10. Election Campaign Financing Trust Fund Contribution.         I.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIR Trust Fund Contribution.         ILE       D       ITTLE       ITTLE         MARE       STREET ADDRESS       STREET ADDRESS         SURFSIDE FL 33154       ITTLE         ILE       D       IDelete         IVE       D       IDelete         NME       ROJAS, GABRIEL       Delete         10239 CROSSCUT WAY       STREET ADDRESS         IV-ST-ZIP       DAMASCUS MD 20872         ILE       D       IDelete         ILE       D       IDelete         IV-ST-ZIP       IDelete       ITTLE         ILE       D       IDelete         IV-ST-ZIP       IDAMASCUS MD 20872       CITY-ST-ZIP	<u> </u>
TLE       D       Delete       TITLE         AME       TALAVERA, MARGARITA       NAME         9056 HARDING AVE.       STREET ADDRESS         SURFSIDE FL 33154       CITY-ST-ZIP         TLE       D       Delete         TLE       D       Delete         MME       ROJAS, GABRIEL       NAME         IREET ADDRESS       10239 CROSSCUT WAY       STREET ADDRESS         TY-ST-ZIP       DAMASCUS MD 20872       CITY-ST-ZIP         TLE       D       Delete         TY-ST-ZIP       DAMASCUS MD 20872       CITY-ST-ZIP	<b>\$5.00</b> May Be Added to Fees
MME     TALAVERA, MARGARITA     NAME       9056 HARDING AVE.     STREET ADDRESS       SURFSIDE FL 33154     CITY-ST-ZIP       PLE     D       REET ADDRESS     10239 CROSSCUT WAY       TY-ST-ZIP     STREET ADDRESS       10239 CROSSCUT WAY     STREET ADDRESS       TY-ST-ZIP     CITY-ST-ZIP	
AME ROJAS, GABRIEL NAME REET ADDRESS 10239 CROSSCUT WAY STREET ADDRESS CUTY-ST-ZIP CITY-ST-ZIP	Change Addition
	Change 🗋 Addition
	Change Addition
MME     ROJAS, GUSTAVO     NAME       IREET ADDRESS     4301 FENCE PLACE     STREET ADDRESS       TY-ST-ZIP     LOUISVILLE KY 40241     CITY-ST-ZIP	
	] Change 🔲 Addition
ILE     Delete     TITLE       NME     NAME       REET ADDRESS     STREET ADDRESS       IY-ST-ZIP     CITY-ST-ZIP	Change C Addition
	Change 🗌 Addition